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S2	122	S1(S) ((EYE OR OPHTHALM?) (5N) SURGERY)
S3	54	RD (unique items)

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? T S3/3 AB/1-54

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3/AB/1 (Item 1 from file: 155)
 DIALOG(R) File 155:MEDLINE(R)
 (c) format only 2006 Dialog. All rts. reserv.

20218105 PMID: 16365795

Application of thermo-setting gel as artificial vitreous.
 Katagiri Yoshiaki; Iwasaki Takuya; Ishikawa Tomoaki; Yamakawa Naoyuki;
 Suzuki Hidekazu; Usui Masahiko
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Japanese journal of ophthalmology (Japan) Nov-Dec 2005, 49 (6)
 p491-6, ISSN 0021-5155--Print Journal Code: 0044652

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: In this study, we produced a rabbit model and investigated the safety of intravitreal injection of a thermo-setting gel (TG) to determine whether TG can be used as artificial vitreous. METHODS: Ten male Japanese white rabbits were used. After performing vitrectomy in a unilateral eye, we injected 1 ml of WTG-127 into the vitreous cavity. The contralateral control eye was not given ophthalmic solution or surgery. Each eye was examined and intraocular pressure (IOP) and the electroretinogram (ERG) were evaluated. On day 28, all eyes were enucleated and examined. RESULTS:

No abnormal findings and no elevation of IOP were observed. On the ERG, no significant difference in the latency and amplitude of either the a wave or b wave was observed. Histopathological examination of the retinal tissue showed no abnormalities. In the presence of a retinal tear, under the detached retina a drift of TG through the tear was observed in a few animals. CONCLUSIONS: In a rabbit model, the safety of using an intravitreal injection of thermo-setting gel as artificial vitreous was confirmed by ophthalmoscopic, electrophysiological, and histological studies for a relatively short observation period. However, TG injection cannot be expected to provide a tamponade effect.

3/AB/2 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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19962618 PMID: 16044324

A rare case of choroidal neovascularization following macular hole surgery.

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Parmeshwaran Road, Opp. SIWS College Gate No. 3, Mumbai, Wadala, 31, India,
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Graefe's archive for clinical and experimental ophthalmology = Albrecht
von Graefes Archiv fur klinische und experimentelle Ophthalmologie (Germany)
) Feb 2006, 244 (2) p271-3, ISSN 0721-832X--Print Journal Code:
8205248

Publishing Model Print-Electronic

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: In Data Review

BACKGROUND: Choroidal neovascularization occurs in a wide spectrum of conditions, including degenerative, inflammatory, traumatic and hereditary conditions, all of which are characterized by breaks in Bruch's membrane. A few cases of choroidal neovascular membrane (CNVM) have been reported in the literature following macular hole surgery. METHOD: We present a retrospective case study of a single patient who developed CNVM after successful macular hole surgery. The 70-year-old diabetic female underwent macular hole surgery in her right eye. Posterior hyaloid was separated with suction and vitrectomy was performed. Internal limiting membrane (ILM) was stained with trypan blue under air and ILM peeling was performed. Perfluoropropane (C3F8) gas was used as the tamponade. Six weeks post-operation, closure of macular hole was seen. Six months later, she presented with defective vision. Subfoveal classic CNVM was seen in the same eye DISCUSSION: About 1%-3% of patients who undergo macular hole surgery develop CNVM. Age-related changes and surgical trauma are considered to be the predisposing factors in reported cases. Injury to the retinal pigment epithelium (RPE) during surgery may be an important factor in our case, since there were no pre-existing age-related changes. CONCLUSIONS: CNVM though rare can occur after macular hole surgery, especially in the setting of age-related changes. Injuries to the RPE should be avoided during surgery. We report a case of CNVM after macular hole in which trypan blue was used as a staining agent.

3/AB/3 (Item 3 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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19355494 PMID: 15657774

Pars plana vitrectomy with internal limiting membrane removal for macular hole associated with proliferative diabetic retinopathy.

Kurihara Toshihide; Noda Kousuke; Ishida Susumu; Inoue Makoto

Department of Ophthalmology, Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582, Japan.

Graefe's archive for clinical and experimental ophthalmology = Albrecht von Graefes Archiv fur klinische und experimentelle Ophthalmologie (Germany) Jul 2005, 243 (7) p724-6, ISSN 0721-832X--Print Journal Code: 8205248

Publishing Model Print-Electronic

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: We describe the outcome of vitreous surgery in three eyes of three patients with macular hole associated with proliferative diabetic retinopathy (PDR) in the absence of fibrovascular proliferation, a combination of conditions where efficacy is incompletely known. METHODS: The patients, all male were 62, 65, and 66 years old. Panretinal photocoagulation had been performed preoperatively in all, and one eye had undergone vitreous surgery. No fibrovascular tissue causing macular traction was observed in any case. Fluorescein angiography and optical coherence tomography (OCT) demonstrated persistent diabetic macular edema surrounding the hole. Affected eyes were treated with vitrectomy including internal limiting membrane (ILM) peeling; 20% sulfur hexafluoride gas (SF(6)) was introduced for tamponade. RESULTS: Anatomical closure of the macular hole as well as resolution of macular edema was achieved in all cases, and vision improved considerably by more than two Snellen lines. CONCLUSIONS: Vitreous surgery with ILM peeling was effective for macular hole associated with PDR, attaining not only macular hole closure but also resolution of persistent diabetic macular edema.

3/AB/4 (Item 4 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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15607529 PMID: 16171013

[Surgery of eye injuries in an eight-year period]

Vukosavljevic Miroslav

Vojnomedicinska akademija, Klinika za ocne bolesti, Beograd, Srbija i Crna Gora.

Vojnosanitetski pregled. Military-medical and pharmaceutical review (Serbia and Montenegro) Jul-Aug 2005, 62 (7-8) p519-23, ISSN 0042-8450 --Print Journal Code: 21530700R

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: SERBIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

BACKGROUND: Eye injuries constitute a leading problem in eye surgery worldwide, as well as at our department. Their treatment is very complex, and requires a wide surgical knowledge and surgical skills supported by the material and the equipment. AIM: To analyze the results of vitreoretinal surgery on 647 patients with severe penetrating eye injuries in the period from 1991 to 1998. METHODS: The study included a retrospective analysis of the treatment of 647 injuries, out of which 500 were penetrating, and 147 were severe contusion injuries. Attention was paid to the penetrating injuries with intraocular foreign body (IOFB), to the number of the

performed pars plana vitrectomies (VPP), to the number of the extirpated foreign bodies, as well as to the number of the conventional retinal ablation surgeries. Also significant proved the consequences of contusion injuries, and the method of their complete surgical management--the surgery combined with the implantation of intraocular lens, as well as their functional results. RESULTS: Inside the said period, 558 VPPs were performed, 60 conventional retinal ablation surgeries, and 29 combined anterior/posterior segment surgeries. VPP was applied in 286 (51.3%) of the cases with penetrating injuries with IOFB, and in 58 (10.4%) of the cases with contusion injuries. VPP in one eye was applied in 464 (83%) of the cases, in both eyes in 65 (11.8%) of the cases, and in a single eye in 29 (5.2%) of the cases. Following VPP, silicone oil tamponade was done in 352 (63%) of the cases, air tamponade in 123 (22%) of the cases, and Ringer-BSS tamponade in 83 (15%) of the cases. Laser photocoagulation (LFC) was performed in 484 (87%) of the cases, cryocoagulation in 45 (8%), while neither of them was done in 29 (5%) of the cases. In all of the cases of the conventional retinal ablation (n = 60), a placement of a serclage was applied and exocryocoagulation was performed, while in the 52 cases a placement of a scleral flap was applied. Combined surgery--lensectomy, VPP, and an anterior chamber intraocular lens (AC IOL), was applied in 16 of the cases, and phacoemulsification, VPP and a posterior chamber intraocular lens (PC IOL) in 13 of the cases. CONCLUSION: Vitrectomy was the most frequently applied surgery in solving the complex eye injuries. The eye injuries treated in our department were with the IOFB, and the retinal ablation. The IOFBs in our patients were almost completely extirpated. The applied combined anterior/posterior segment surgeries had the potential to safely and successfully condense those separate procedures in one surgery. A relatively high incidence of endophthalmitis was recorded in the injuries treated in our department.

3/AB/5 (Item 5 from file: 155)
 DIALOG(R) File 155:MEDLINE(R)
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14871678 PMID: 15126156

Use of rotational sutures for limited retinal translocation: a new technique for superior limited macular translocation.

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American journal of ophthalmology (United States) May 2004, 137 (5) p901-7, ISSN 0002-9394--Print Journal Code: 0370500

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To report a modified surgical technique for retinal translocation in eyes with subfoveal choroidal neovascularization. DESIGN: Experimental animal study. METHODS: Nine pigmented rabbits were used consecutively to apply this technique. Placement of inferotemporal scleral imbrication sutures was followed by vitrectomy with posterior hyaloid separation. Balanced saline solution (BSS) was injected subretinally with a 30G needle or with a 39G hydrodissection cannula and viscous fluid injector to detach one retinal quadrant. Under low intraocular pressure, the imbrication sutures were tied, the sclerotomy sites were closed, and intravitreal air tamponade was injected. Rotation sutures were passed and

the eye globe was rotated approximately 90 degrees counterclockwise. The rotation sutures were removed after 24 hours. Retinal photographs were taken and fundus examination was performed on postoperative days 1, 2 and 7. The animals were sacrificed after 7 to 10 days for postmortem macroscopic examination. RESULTS; The entire procedure was performed in nine eyes of nine rabbits. In eight eyes, translocation could be seen on the first postoperative day after removal of the rotation sutures. The average amount of translocation was 667 microm (range: 500-800 microm) in a nasal to inferonasal direction. Vitreous hemorrhage occurred at the end of surgery in one eye due to hypotony. Iatrogenic small retinal breaks occurred in 2 eyes but did not prevent completion of the procedure. There was only a temporary hyperemia of the eyelids and conjunctiva. CONCLUSION: Limited retinal translocation using rotational sutures provided a predictable amount of translocation in the planned direction. This technique is expected to be useful for superior macular translocation in humans.

3/AB/6 (Item 6 from file: 155)
 DIALOG(R) File 155: MEDLINE(R)
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14750101 PMID: 14967285

Unstured posterior chamber lens implantation in eyes requiring lens extraction at the time of pars plana vitrectomy with silicone oil tamponade.

Balaggan Kamaljit S; Dong Bruce; Tanner Vaughan; Poon Wallace K; Williamson Tom H

Department of Vitreoretinal Surgery, St. Thomas' Hospital, London, United Kingdom.

Journal of cataract and refractive surgery (United States) Jan 2004, 30 (1) p161-7, ISSN 0886-3350--Print Journal Code: 8604171

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To describe a technique for the subsequent placement of an unstured posterior chamber lens intraocular lens (PC IOL) in eyes requiring cataract or clear lens extraction at the time of pars plana vitrectomy (PPV) with silicone oil tamponade. SETTING: Department of Vitreoretinal Surgery, St. Thomas' Hospital, London, United Kingdom. METHODS: This retrospective review comprised 25 patients who had phacoemulsification to allow an adequate intraoperative retinal view or adequate access to anterior retinal pathology. Anterior and posterior capsulorhexes were combined with an inferior radial capsulectomy to fashion a keyhole-shaped capsule. RESULTS: The mean follow-up was 15.9 months +/- 8.0 (SD) (range 3 to 34 months). Silicone oil was removed and IOLs were implanted in 15 eyes (60.0%). Posterior chamber IOLs were implanted in 10 eyes (66.7% of those receiving an IOL), and anterior chamber AC IOLs were implanted in 5 eyes (33.3%). Nine of the 10 eyes receiving a PC IOL (60.0% of all IOLs) had uneventful surgery. In 1 eye, the PC IOL subluxated inferiorly. Two eyes developed pupil block that required further surgery. CONCLUSIONS: This technique allowed PC IOL implantation in 60% of eyes that received an IOL, showing that in selected patients who require simultaneous lens extraction and silicone oil tamponade, a keyhole-shaped capsulectomy provides for subsequent unstured PC IOL insertion. The pupil block rate of 8% compares favorably with published rates. Refining the technique may allow it to be used in a greater proportion of eyes that would benefit from safe refractive correction.

3/AB/7 (Item 7 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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14594345 PMID: 14631282

[Blindness after nitrous oxide anesthesia and internal gas tamponade]
Cecite apres une anesthesie comprenant du protoxyde d'azote en presence
d'un tamponnement interne par gaz.

Kodjikian L; Fleury J; Garweg J; Rouberol F; Gambrelle J; Burillon C;
Grange J-D

Service d'Ophtalmologie, Hopital de la Croix-Rousse, 103, Grande rue de
la Croix-Rousse, Lyon 69004, France.

Journal francais d'ophtalmologie (France) Nov 2003, 26 (9) p967-71,
ISSN 0181-5512--Print Journal Code: 7804128

Publishing Model Print

Document type: Case Reports; Journal Article ; English Abstract

Languages: FRENCH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

The authors describe the case of a patient with bilateral retinal detachment. Immediately after surgery for the second eye under general anesthesia with nitrous oxide, the patient reported severe visual loss in the first eye successfully treated surgically 2 weeks before, with a residual gas bubble (C3F8) of 50%. In this case, nitrous oxide had rapidly entered the gas bubble and induced a transient expansion of the gas tamponade with a dramatic increase in intraocular pressure. The consequence was a central retinal artery occlusion, which resulted in irreparable ischemic retinal damage and blindness, explaining the severe and sudden visual loss. Nitrous oxide is regularly used but contraindicated if intraocular gas is present, due to its potential threat to visual function. We suggest that patients anesthetized with nitrous oxide carry a card or a bracelet detailing the risks of intraocular gas tamponades combined with nitrous oxide and with travel to high altitudes. This would inform not only patients but also medical personnel caring for these patients.

3/AB/8 (Item 8 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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14511334 PMID: 14516832

Intraretinal silicone oil vacuoles after macular hole surgery with
internal limiting membrane peeling.

Chung Juliet; Spaide Richard

Vitreous-Retina-Macula-Consultants of New York, NY, New York 10021, USA.

American journal of ophthalmology (United States) Oct 2003, 136 (4)
p766-7, ISSN 0002-9394--Print Journal Code: 0370500

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To report the detection of intraretinal silicone oil vacuoles
after the use of a silicone oil tamponade for macular hole surgery with
internal limiting membrane (ILM) peeling. DESIGN: Observational case
report. METHODS: A 57-year-old woman with a recurrent macular hole in the
left eye underwent macular hole surgery with ILM peeling and

silicone oil tamponade. After early silicone oil emulsification was detected, the silicone oil was removed. RESULTS: Follow-up ophthalmoscopic examination and optical coherence tomography imaging revealed intraretinal silicone oil vacuoles in the area of ILM peeling. CONCLUSIONS: Internal limiting membrane defects may facilitate the entry of silicone oil into the retina, leading to accumulation of oil vacuoles. The use of silicone oil in macular hole surgery with ILM peeling may complicate the postoperative outcome.

3/AB/9 (Item 9 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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14375810 PMID: 12834691

Observation of idiopathic full-thickness macular hole closure in early postoperative period as evaluated by optical coherence tomography.

Sato Hiroaki; Kawasaki Ryo; Yamashita Hidetoshi

Department of Ophthalmology, Yamagata University School of Medicine, Yamagata, Japan. hrsato@med.id.yamagata-u.ac.jp

American journal of ophthalmology (United States) Jul 2003, 136 (1) p185-7, ISSN 0002-9394--Print Journal Code: 0370500

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To report the optical coherence tomography (OCT)-determined progressive changes in a macular hole (MH) following vitreous surgery with a gas tamponade. Observational case report. METHODS: A 60-year-old woman with an idiopathic full-thickness MH (Gass, Stage 2) in the left eye

underwent vitreous surgery with a gas tamponade. The progressive closure of the MH was followed by OCT because an unplanned decrease of the gas tamponade made the macula accessible to OCT examination. RESULTS: On day 1, the tissue surrounding the MH extended into the center, and on day 2, the subretinal fluid and foveal cysts decreased and the retinal separation was reduced. On the third postoperative day, the MH was closed and the foveal contour was similar to that of normal retinas. CONCLUSION: These results demonstrated that a small MH appears to be closed by 3 days after vitrectomy with gas tamponade. Although we cannot generalize to all sizes of MH, our findings suggest that small MHs are closed much earlier than reported and that the duration of maintaining a prone position can be shortened.

3/AB/10 (Item 10 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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14331954 PMID: 12781284

Surgical management of postoperative endophthalmitis: comparison of 2 techniques.

Kaynak Suleyman; Oner F Hakan; Kocak Nilufer; Cingil Guray

School of Medicine, Department of Ophthalmology, Dokuz Eylul University, Izmir, Turkey.

Journal of cataract and refractive surgery (United States) May 2003, 29 (5) p966-9, ISSN 0886-3350--Print Journal Code: 8604171

Publishing Model Print; Comment in J Cataract Refract Surg. 2004 Aug;30(8) 1612; Comment in PMID 15313268

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To evaluate the results of 2 surgical techniques in eyes with postoperative endophthalmitis. SETTING: Department of Ophthalmology, Dokuz Eylul University, School of Medicine, Izmir, Turkey. METHODS: Twenty-four eyes with endophthalmitis after cataract surgery had vitrectomy as an initial procedure according to the Endophthalmitis Vitrectomy Study (EVS) criteria (Group 1, n = 24). These eyes were compared with 28 eyes that had total pars plana vitrectomy with an encircling band, silicone tamponade, and endolaser (Group 2, n = 28). The visual and anatomical outcomes and the need for additional procedures (repeat vitrectomy) were evaluated in the 2 groups. RESULTS: In Group 1, 6 eyes (25.0%) had an additional procedure, 3 eyes (12.5%) had phthisis, and 21 eyes (87.5%) had successful surgery. In Group 2, no eye had an additional procedure, 1 eye (3.5%) had phthisis, and 27 eyes (96.4%) had successful surgery. The number of additional procedures was significantly less and the rate of surgical success was significantly higher in Group 2 than in Group 1 (P<.01). CONCLUSION: Despite the poor visual prognosis of endophthalmitis surgery, more radical intervention can increase the chance of surgical success and decrease the number of additional procedures in eyes with postoperative endophthalmitis.

3/AB/11 (Item 11 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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13924728 PMID: 12231320

Pupillary capture after combined management of cataract and vitreoretinal pathology.

Rahman Rubina; Rosen Paul H

Oxford Eye Hospital, Oxford, United Kingdom.

Journal of cataract and refractive surgery (United States) Sep 2002, 28 (9) p1607-12, ISSN 0886-3350--Print Journal Code: 8604171

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To report the incidence, pathogenesis, and management of pupillary capture after combined phacoemulsification with intraocular lens (IOL) implantation and vitreoretinal surgery. SETTING: Oxford Eye Hospital, The Radcliffe Infirmary, Oxford, United Kingdom. METHODS: This retrospective case review comprised 12 patients who developed pupillary capture after combined phacoemulsification, IOL implantation, and pars plana vitrectomy (PPV). Eleven IOLs were implanted in the capsular bag, and 1 was sulcus fixated. All patients had a long-acting gas tamponade and were advised to lie face down postoperatively. All patients subsequently had IOL repositioning using a bimanual technique. RESULTS: The incidence of pupillary capture was 8.95% and occurred a mean of 3.25 weeks postoperatively. At least 6 clock hours of the pupillary margin were captured by the optic except in 1 case in which the pupillary capture was total. Half the patients had posterior capsule opacification that required a neodymium:YAG laser capsulotomy after IOL repositioning. CONCLUSIONS: The incidence of pupillary capture after combined phacoemulsification, IOL implantation, PPV, and injection of long-acting gas was high. This complication can be minimized by creating a smaller capsulorhexis, having the patient maintain a strict face-down position, securing wound closure, and injecting an air bubble into the air chamber to push the iris-lens

diaphragm posteriorly.

3/AB/12 (Item 12 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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13816554 PMID: 12095829

Severe hypotony after macular translocation surgery with 360-degree retinotomy.

Ichibe Mikio; Yoshizawa Toyohisa; Funaki Shigeo; Funaki Haruko; Ozawa Yumi; Tanaka Yoko; Abe Haruki

Department of Ophthalmology, Niigata University School of Medicine, Japan.

American journal of ophthalmology (United States) Jul 2002, 134 (1) p139-41, ISSN 0002-9394--Print Journal Code: 0370500

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: To report a case of severe hypotony after macular translocation with 360-degree retinotomy. DESIGN: Interventional case report. METHODS: A 50-year-old woman with myopic neovascular maculopathy underwent macular translocation with 360-degree retinotomy in her left eye. RESULTS: After the second procedure of silicone oil removal, severe hypotony developed. No clear sign of leakage was found. Pure perfluoropropane gas tamponade was then performed, which resulted in temporal resolution of severe hypotony, but the hypotony recurred as the gas bubble was absorbed. Ten weeks after the second surgery, the hypotonous eye was refilled with silicone oil. No apparent cyclitic membrane was observed intraoperatively. After this procedure, the choroidal and retinal folds regressed; intraocular pressure has been between 5 and 7 mm Hg for more than 4 months thereafter. CONCLUSION: Severe hypotony can occur as a complication of otherwise uneventful macular translocation with 360-degree retinotomy.

3/AB/13 (Item 13 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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12490213 PMID: 10434858

Trends in vitreoretinal surgery at a tertiary referral centre: 1987 to 1996.

Ah-Fat F G; Sharma M C; Majid M A; McGalliard J N; Wong D

St Paul's Eye Unit, Royal Liverpool University Hospital.

British journal of ophthalmology (ENGLAND) Apr 1999, 83 (4) p396-8, ISSN 0007-1161--Print Journal Code: 0421041

Publishing Model Print; Comment in Br J Ophthalmol. 1999 Apr;83(4) 385-6; Comment in PMID 10434855

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

AIM: To identify trends in vitreoretinal surgery at a tertiary referral centre from 1987 to 1996. METHODS: A retrospective study of patients who had undergone vitreoretinal surgery at St Paul's Eye Unit over two 6 month periods in 1987 and 1996. Preoperative ocular status, surgery details, and outcome were collected. chi 2 and Mann-Whitney U tests were used to analyse the data. RESULTS: The two periods under study were July to December 1987

and January to June 1996. 110 operations performed during 1987 (96 patients) and 330 operations during 1996 (289 patients) were analysed. There was a fourfold rise in the number of tertiary referrals and a seven-fold rise in the number of operations performed for conditions other than rhegmatogenous retinal detachment (RRD). Increasing indications for surgery included diabetic eye disease, macular hole, dropped nucleus, endophthalmitis, and subretinal neovascular membrane. There was a rise in the proportion of patients with RRD following cataract surgery (from 19.5% to 29.5%). For both primary repair and reoperation, vitrectomy with internal tamponade was more commonly used in 1996. The anatomical success rate for primary repair changed from 76.6% to 84.7% after one operation and from 89.1% to 94.3% following additional surgery. CONCLUSIONS: This study points to a trend towards subspecialisation and tertiary referral in vitreoretinal surgery. Vitrectomy techniques are more commonly used for the primary repair of RRD and are applied to a wider spectrum of diseases.

3/AB/14 (Item 14 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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11895001 PMID: 9723999

Experimental short-term tolerance to perfluorodecalin in the rabbit eye: a histopathological study.

Orzalesi N; Migliavacca L; Bottoni F; Miglior S

Department of Ophthalmology, Institute of Biomedical Sciences, University of Milan, S. Paolo Hospital, Italy.

Current eye research (ENGLAND) Aug 1998, 17 (8) p828-35, ISSN 0271-3683--Print Journal Code: 8104312

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

PURPOSE: Perfluorocarbon liquids are largely used in vitreoretinal surgery, but their permanence into the eye is considered harmful and early withdrawal is routinely performed by most of the surgeons. We undertook this investigation to evaluate the effects of Perfluorodecalin (PFD) tamponade following vitrectomy in the rabbit eye. METHODS: Twenty-four rabbits underwent vitrectomy of the right eye according with a standard procedure. Eighteen rabbits received PFD and 6 control rabbits received Balanced Salt Solution (BSS) as vitreous substitute. The eyes were examined with light microscopy and transmission electron microscopy after two, four and six days after tamponade and thirty days after the withdrawal of PFD. RESULTS: The tamponade lasting four or more days caused irreversible retinal damage involving the photoreceptors and retinal pigment epithelium. Peculiar impressions were formed in the inner retina at the site of the gravitational effect of PFD droplets. CONCLUSIONS: Based on the results of this study we suggest that the tamponade with PFD lasting more than two days is detrimental to the retina, at least in the case of the rabbit. Damage seems to be related only to the high specific gravity of PFD.

3/AB/15 (Item 15 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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11847949 PMID: 9673479

Bilateral retinal detachment in Marfan's syndrome.
Dotrelova D
Department of Ophthalmology, Medical School of Charles University,
Prague, Czech Republic.
European journal of ophthalmology (ITALY) Apr-Jun 1998, 8 (2) p102-5
ISSN 1120-6721--Print Journal Code: 9110772
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
PURPOSE. Bilateral retinal detachment (RD) in Marfan's syndrome (MS) has
a typical preoperative, operative, and post-operative course. This study
describes symmetry of retinal tears and bilateral RD surgery in five MS
patients over a period of 15 years. METHODS. Six eyes with uncomplicated RD
were operated on using the scleral buckling procedure, and four eyes with
complicated RD were operated using a pars plana vitrectomy (PPV) and inner
retinal tamponade with silicon oil. RESULTS. Complete retinal reattachment
was achieved in seven eyes. Partial anatomical success with attached macula
was achieved in one eye. The surgery failed in two eyes. Final
visual acuity was between 0.66 and 0.33 in three eyes, and between 0.25 and
0.1 in five; two eyes had no light perception. CONCLUSIONS. The course of
the bilateral retinal disease highly correlated with the symmetry of
retinal defects.

3/AB/16 (Item 16 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2006 Dialog. All rts. reserv.

11703246 PMID: 9507258
Effects of the long-term use of perfluoroperhydrophenanthrene on the
retina.
Batman C; Cekic O
Department of Vitreoretinal Surgery, SSK Ankara Eye Hospital, Turkey.
Ophthalmic surgery and lasers (UNITED STATES) Feb 1998, 29 (2)
p144-6, ISSN 1082-3069--Print Journal Code: 9517132
Publishing Model Print
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Perfluorocarbon liquids have gained wide acceptance as intraoperative
tools that can simplify vitreoretinal surgical maneuvers. These
low-viscosity liquids facilitate injection into the eye and removal from
the eye during surgery. Tolerance to perfluoroperhydrophenanthrene and the
development of proliferative vitreoretinopathy with its extended use are
not clear. The authors present the clinical and histologic findings of a
patient, previously lost to follow-up, who was examined after several weeks
of intraocular tamponade with perfluoroperhydrophenanthrene. Damage
to the retina was seen in response to the long-term postoperative use of
perfluoroperhydrophenanthrene.

3/AB/17 (Item 17 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2006 Dialog. All rts. reserv.

09545316 PMID: 1344748
Treatment of posterior eye segment complications after perforating

trauma.

Claes C; Zivojnovic R

Department of Ophthalmology, A.Z. Middelheim, Antwerpen.

Bulletin de la Societe belge d'ophtalmologie (BELGIUM) 1992, 245
p61-3, ISSN 0081-0746--Print Journal Code: 7505353

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

168 perforating trauma cases that underwent vitreoretinal surgery in our hospital over a two year period were reviewed. A uniform surgical concept was applied in those severely injured eyes. Showing posterior eye segment complications that required vitreoretinal surgery and having at least light perception were the only two criteria to be eligible for this study. The anatomic and functional results in different trauma groups are discussed as well as indications and duration of silicone oil tamponade.

3/AB/18 (Item 18 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

05656753 PMID: 7316841

Transient eyelid opening associated with postanoxic EEG suppression-burst pattern.

McCarty G E; Marshall D W

Archives of neurology (UNITED STATES) Dec 1981, 38 (12) p754-6,
ISSN 0003-9942--Print Journal Code: 0372436

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

3/AB/19 (Item 19 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2006 Dialog. All rts. reserv.

05283958 PMID: 7402594

Cataract extraction in cases of cataract with vitreous abnormality.

Machemer R

Ophthalmology (UNITED STATES) Jul 1980, 87 (7) p618-21, ISSN
0161-6420--Print Journal Code: 7802443

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Since good visibility of the deeper structures of the eye is a prerequisite for vitreous surgery, a lentectomy is often performed in combination with vitreous surgery even when the lens is only slightly cataractous. Clear lenses may have to be removed when complete intraocular gas tamponade is utilized (treatment of giant tears 180 degrees and larger). A pars plana approach is recommended, and the lens is removed with the vitrectomy instruments as long as the nucleus is not too hard. Otherwise, phacoemulsifying instruments are needed. The techniques are described. The worst complication of posterior lentectomy is loss of lens material into the vitreous cavity.

3/AB/20 (Item 1 from file: 5)
DIALOG(R) File 5:Biosis Previews(R)
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0015607491 BIOSIS NO.: 200510301991

Anterior segment outcome after combined extracapsular cataract extraction and pars plana vitrectomy

AUTHOR: Mueller A J (Reprint); Tribus C; Klinger K

AUTHOR ADDRESS: Univ Munich, Hosp Eye, D-8000 Munich, Germany**Germany

JOURNAL: IOVS 45 (Suppl. 1): pU760 APR 2004 2004

CONFERENCE/MEETING: Annual Meeting of the Association-for-Research-in-Vision-and-Ophthalmology Ft Lauderdale, FL, USA April 24 -29, 2004; 20040424

SPONSOR: Assoc Res Vis & Ophthalmol

ISSN: 0146-0404

DOCUMENT TYPE: Meeting; Meeting Poster

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Purpose: To analyze the anterior segment outcome after extracapsular cataract extraction (ECCE) with PCIOL insertion combined with pars plana vitrectomy (ppv) when performed as a single step procedure. Methods: 513 consecutive patients were retrospectively analyzed. Main outcome measurements were postoperative signs for inflammation such as cells, flare, fibrin, posterior synechiae, postoperative elevation of intraocular pressure, decentration of PCIOL, posterior capsular opacification and clinically evident cystoid macular edema. A multivariate analysis was performed correlating the main outcome measurements with the underlying diseases, the type of PCIOL, the implantation site of the PCIOL, the surgeon, the use of endolaser and/or exocryo and the intraocular tamponade. Results: Indications for vitrectomy were: diabetic retinopathy (161 (31%)), macular hole (117 (23%)), epiretinal membranes or macular pucker (91 (18%)), rhegmatogenous retinal detachment (65 (13%)), vitreoretinal traction syndrome (27(5%)), vitreous hemorrhage secondary to other diseases (21 (4%)), vitreous hemorrhage secondary to retinal vessel occlusions (20 (4%)), uveitis (12 (2%)). Intraocular tamponade was in 164 eyes (32%) balanced salt solution, in 75 eyes (15%) air, in 230 eyes (45%) C2F6, and in 44 eyes (9%) silicone oil. 498 (97%) of the PCIOLs were inserted in the capsular bag, 15 (3%) in the ciliary sulcus. In 238 (46%) eyes laser coagulation was performed intraoperatively, and in 11 (2%) cryocoagulation. Postoperative anterior chamber cells were 0 in 22 eyes (4%), 1+ in 280 eyes (54%), 2+ in 175 eyes (34%), and 3+ in 36 eyes (7%). 166 eyes had (32%) no flare postoperatively, 277 eyes (55%) had 1+ flare, 62 eyes (12%) had 2+ flare, and 8 eyes (2%) had 3+ flare. 56 (11%) patients had mild fibrin in the anterior chamber. 212 (41%) patients didn't have IOP increase postoperatively, 193 (38%) had an postop IOP of 22-30 mmHg, 79 (15%) 31-40 mmHg, and 29 (6%) more than 41 mmHg. PCIOL-decentration was found in 6 patients (1%). 23 (5%) patients developed posterior capsular opacification during followup. Clinically evident cystoid macular edema was found in 4 (< 1%) patients. There was no statistically significant correlation found between the of anterior segment outcome and any of the investigated factors. Conclusions: The combination of ppv with ECCE and PCIOL insertion is a safe and effective single step procedure. Mild to moderate anterior segment inflammation might occur but is not correlated to the underlying retinal disease or another investigated single factor.

3/AB/21 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0015607474 BIOSIS NO.: 200510301974
Gradual retinal reattachment in pit-macular syndrome after vitrectomy
AUTHOR: Kashima H (Reprint); Ogushi G; Kishi S
AUTHOR ADDRESS: Gunma Univ, Sch Med, Dept Ophthalmol, Maebashi, Gumma 371,
Japan**Japan
JOURNAL: IOVS 45 (Suppl. 1): pU757 APR 2004 2004
CONFERENCE/MEETING: Annual Meeting of the
Association-for-Research-in-Vision-and-Ophthalmology Ft Lauderdale, FL,
USA April 24 -29, 2004; 20040424
SPONSOR: Assoc Res Vis & Ophthalmol
ISSN: 0146-0404
DOCUMENT TYPE: Meeting; Meeting Poster
RECORD TYPE: Abstract
LANGUAGE: English

ABSTRACT: Purpose: To evaluate the process of retinal reattachment in
pit-macular syndrome after vitrectomy. Methods: We performed vitrectomy
with SF6 gas tamponade in 7 eyes of 7 patients (male: 3 cases female: 4
cases) with pit-macular syndrome. Patient's age ranged 30 to 73 (mean,
53.4 years). Patients were at face down position at least 3 days after
surgery. No case was treated by photocoagulation. Postoperative follow-up
period was 7 to 44 months (mean, 26.6 months). One eye developed
macular hole before surgery and it was closed by vitrectomy and
postoperative gas injection. Another eye developed macular hole
postoperatively, which was closed by fluid gas exchange. We observed
cross-sectional images of the posterior pole before and after surgery by
repeated examination of optical coherence tomography (OCT). All 7
patients had visual improvement more than two lines. Results: After
vitrectomy, it took 7 to 17 months (mean, 11.8 months) to obtain complete
attachment of retina in 5 of 7 eyes. Two eyes still have macular
detachment at 4 months and 6 months. OCT showed early resolution of
retinoschisis and gradual absorption of macular detachment. Postoperative
fluid gas exchange (1 to 4 times) was effective to obtain the complete
reattachment of retina in 4 of the 5 eyes. Conclusions: It takes long term
to obtain complete retinal reattachment in pitmacular syndrome. Repeated
fluid gas exchange was effective to promote reattachment and closure of
macular hole.

3/AB/22 (Item 3 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0015607437 BIOSIS NO.: 200510301937
Surgical results of the patients with bilateral macular holes
AUTHOR: Yang L (Reprint); Gao H
AUTHOR ADDRESS: KangMing Eye Hosp, Taiyuan, Peoples R China**Peoples R
China
JOURNAL: IOVS 45 (Suppl. 1): pU750 APR 2004 2004
CONFERENCE/MEETING: Annual Meeting of the
Association-for-Research-in-Vision-and-Ophthalmology Ft Lauderdale, FL,
USA April 24 -29, 2004; 20040424
SPONSOR: Assoc Res Vis & Ophthalmol
ISSN: 0146-0404
DOCUMENT TYPE: Meeting; Meeting Poster
RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Purpose: To study the characteristics and prognosis of macular hole eyes whose fellow eyes also have macular holes. Methods: The patient charts of 25 patients who had macular holes in both eyes were reviewed and the data, including hole stage, presence of epiretinal membrane (ERM), surgical failure or success, hole edge approximation at post surgical one year, were analyzed. All patients had same surgeon and same surgical technique including standard three-port trans pars plana vitrectomy, removal of all cortical vitreous, and C3F8 internal gas tamponade with face-down position. Only the first surgery eye on each patient was included in this study. Results: Out of 25 patient eyes, 6 eyes had stage 2 holes and the other 19 eyes had stage 3/4 holes. 33% of stage 2 holes had ERM and 74% of stage 3/4 holes had ERM at the baseline. The initial surgical success rate for stage 2 holes was 67% and 61% for the stage 3/4 holes. The hole re-opening developed between 3 and 12 months in three cases in this group of patients, which comprise a 12% hole re-opening. At post surgical one year, out of 22 surgically sealed macular holes 12 showed grade 3 hole edge approximation with poor visual acuity, lower than 20/100. Conclusions: It seems that there is a higher tendency of surgical failure and poor surgical outcome associated with the eyes whose fellow eyes also present macular holes at the time. A prospective controlled study with both unilateral and bilateral macular hole cases may shed further light on this preliminary finding.

3/AB/23 (Item 4 from file: 5)
 DIALOG(R) File 5: Biosis Previews(R)
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0014570740 BIOSIS NO.: 200300525637
 SILICONE OIL ENDOTAMPONADE. IS IT SAFE?
 AUTHOR: Taherian K (Reprint); Bishop F (Reprint); Woon W H (Reprint); Geall M (Reprint)
 AUTHOR ADDRESS: Ophthalmology, Leeds General Infirmary, Leeds, UK**UK
 JOURNAL: ARVO Annual Meeting Abstract Search and Program Planner 2003 p Abstract No. 2981 2003 2003
 MEDIUM: cd-rom
 CONFERENCE/MEETING: Annual Meeting of the Association for Research in Vision and Ophthalmology Fort Lauderdale, FL, USA May 04-08, 2003; 20030504
 SPONSOR: Association for Research in Vision and Ophthalmology
 DOCUMENT TYPE: Meeting; Meeting Abstract
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Purpose: Silicone oils (polymethylsiloxanes) have been used in the treatment of complicated retinal detachments for over 30 years. Various ocular complications have been described with their long term use including cataracts, acute and chronic glaucoma, corneal decompensation and optic atrophy. Its migration into the brain has also been reported before. We report another case of intracranial migration of silicone oil in a patient who went blind following a repeat vitrectomy and discuss the relevant pathologic mechanisms and safety issues surrounding use of silicone endotamponade in retinal detachment surgery. Methods: Retrospective case review and Magnetic resonance imaging with standard T1 and T2 weighted sequences and gadolinium enhanced sequences and special silicone sequences study the optic nerve and review of the literature regarding silicone oil spread into the CNS were performed. Results Case Report A 73 year old woman underwent a left eye pars plana

vitrectomy (PPV) + 20% C3F8 injection for a full thickness macular hole. Three months later she underwent a repeat PPV with silicone oil injection following a retinal detachment. Postoperatively she developed raised IOP and lost vision in her affected eye one week after surgery. Fundoscopy showed a pale cupped disc and MRI revealed migration of silicone oil along the optic nerve and the subarachnoid space and in the supracellar cistern. Conclusions: In spite of MRI evidence of silicone oil migration into the optic nerve and subarachnoid space the exact mechanism of our patients optic neuropathy is still unknown. It might have been due to direct damage from raised IOP or a vascular event (non arteritic ischaemic optic neuropathy) or due to toxicity of Silicone oil or a combination of the above. We think that it is probably still safe to continue using silicone oil for endotamponade in difficult retinal detachment surgeries but one needs to be wary of its use in glaucoma patients/suspects and also monitor the IOP carefully to avoid pressure rises. It's potential for spread might be an issue to be discussed with patients prior to obtaining consent. References: 1. Shields C, Eagle R. Pseudoschneider's cavernous degeneration of the optic nerve secondary to intraocular silicone oil. Arch Ophthalmol 1989;107:714-717. 2. Budde M, et al. Silicone Oil-associated Optic Nerve Degeneration. Am J Ophthalmol 2001;131:392-394. 3. Eller AW et al. Migration of Silicone Oil into the brain: a Complication of intraocular silicone Oil for Retinal Tamponade. Am J Ophthalmol 2000;129:685-688. 4. Champion R et al. Peritoneal reaction to liquid silicone: an experimental study. Graefes Arch Clin Exp Ophthalmol 1987; 225: 141-145

3/AB/24 (Item 5 from file: 5)
 DIALOG(R) File 5: Biosis Previews(R)
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0014196870 BIOSIS NO.: 200300155589
 Combined Lens-Sparing Vitrectomy and Scleral Buckling in Stage 4
 Retinopathy of Prematurity with Significant Vitreoretinal Traction.
 AUTHOR: Chandran R (Reprint); Worrall M A; Sun R; Mieler W F; Holz E R
 AUTHOR ADDRESS: Ophthalmology, Baylor College Medicine, Houston, TX, USA**
 USA
 JOURNAL: ARVO Annual Meeting Abstract Search and Program Planner 2002 p
 Abstract No. 4016 2002 2002
 MEDIUM: cd-rom
 CONFERENCE/MEETING: Annual Meeting of the Association For Research in
 Vision and Ophthalmology Fort Lauderdale, Florida, USA May 05-10, 2002;
 20020505
 DOCUMENT TYPE: Meeting; Meeting Abstract
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Purpose: To assess the efficacy of lens sparing vitrectomy with scleral buckling in reducing the progression to stage 5 ROP in infants with tractional 4A and 4B retinopathy of prematurity (ROP) detachments. Methods: This is a retrospective, non-comparative consecutive case series. The surgical technique consisted of two parts. A solid silicone 240 band was sutured into place at or just anterior to the equator. Three port pars plicata vitrectomy was performed utilizing a lens sparing technique. Core vitrectomy was performed by removing the vitreous in four planes: ridge to ridge, ridge to periphery, ridge to lens, as well as organized vitreous from the optic nerve head to the ridge. Following vitrectomy, the band was tightened to create a circumferential buckle of moderate height. No intravitreal gas or silicone oil was placed for tamponade. The band was routinely sectioned approximately 3 - 6 months

later. Results: 16 eyes of 14 patients underwent lens-sparing vitrectomy with scleral buckling. Six of the infants were female and eight were male. Birth weights ranged from 575 to 1175 g, with an average birth weight of 827 g. The children's gestational ages at birth ranged from 23 to 29 weeks, with an average gestational age of 26 weeks. Age range at the time of surgery was 38-42 weeks. 14/16 eyes had stage 4A ROP, and 2/16 eyes had stage 4B ROP. Overall 15/16 (94%) of eyes were completely reattached with a single surgery. One eye progressed to stage 5 retinal detachment and subsequently failed vitrectomy with lensectomy. At the last examination, 2 of 2 eyes with stage 4B ROP had complete retinal reattachment, and 10 of 11 eyes with stage 4A ROP had complete reattachment. 2 of 13 eyes showed complete retinal reattachment. One eye progressed to stage 5 retinal detachment, and was unable to be reattached after repeat vitreous surgery. No eyes developed rhegmatogenous retinal detachment. Conclusion: In appropriately selected cases of ROP detachment with a significant tractional component, lens-sparing vitrectomy with scleral buckling can be performed safely. This technique, followed by routine sectioning of the buckle approximately 3 - 6 months later, may provide superior anatomic results due to greater relief of traction when compared to scleral buckling or lens sparing vitrectomy alone.

3/AB/25 (Item 6 from file: 5)
 DIALOG(R)File 5:Biosis Previews(R)
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0014195523 BIOSIS NO.: 200300154242
 Pars Plana Vitrectomy Versus Scleral Buckling for Primary Rhegmatogenous Retinal Detachment.
 AUTHOR: Martinez-Jardon S (Reprint); Morales-Canton V (Reprint); Magdalenic R (Reprint); Sinisterra J (Reprint); Araya-Munoz C (Reprint); Quiroz-Mercado H (Reprint)
 AUTHOR ADDRESS: Retina, APEC, Mexico, Netherlands**Netherlands
 JOURNAL: ARVO Annual Meeting Abstract Search and Program Planner 2002 p Abstract No. 619 2002 2002
 MEDIUM: cd-rom
 CONFERENCE/MEETING: Annual Meeting of the Association For Research in Vision and Ophthalmology Fort Lauderdale, Florida, USA May 05-10, 2002; 20020505
 DOCUMENT TYPE: Meeting; Meeting Abstract
 RECORD TYPE: Abstract
 LANGUAGE: English

ABSTRACT: Purpose: To compare the anatomic and visual outcomes achieved by pars plana vitrectomy (PPV) and scleral buckling (SB) for the treatment of uncomplicated primary rhegmatogenous retinal detachment (PRRD). Methods: In a prospective, longitudinal descriptive and experimental study, eight consecutive patients of both genders with PRRD eligible for treatment with SB and no more than proliferative vitreo-retinopathy grade B, where enrolled. They were randomly assigned to PPV using a high speed (1200 cpm) vitrectomy hand piece, endolaser and gas tamponade (20% SF6) or to SB procedure. Surgery success rate (complete reattachment three months following surgery), complications rate, as well as changes in best corrected visual acuity (BCVA), intraocular pressure (IOP), ocular axial length, multifocal electroretinography (mERG), optic coherence tomography (OCT) and patient's discomfort were recorded and compared between the two surgical techniques. Results: Eight phakic eyes of eight patients were included (four in each group). In the PPV group, ages ranged between 20 and 65 years (mean 45). Three eyes had a macula-off detachment. Initial BCVA ranged from hand motion to 20/100. Primary reattachment was achieved

in all cases. One eye re-detached two weeks after surgery and subsequently underwent a successful combined buckling and vitrectomy surgery. Final visual acuity improved in all cases (1.75 line on average), and ranged between 20/200 to 20/70. Two patients had elevated ocular pressure, controlled by topical antihypertensives. Posterior subcapsular cataract developed in two eyes. In the SB group, patients ages ranged between 14 and 52 years (mean 37). Initial BCVA ranged from 20/400 to 20/200. Four had a macula-off detachment. Reattachment was achieved in all cases. Final visual acuity improved in all cases (3.75 lines on average) and ranged from 20/200 to 20/30. Extraocular muscle imbalance and diplopia developed postoperatively in one patient. OCT indicated normal postoperative retinal thickness range in both groups eyes. mERG amplitudes improved postoperatively in all eyes. No difference in improvement rate or amplitudes was found between the two groups. Patient's postoperative discomfort was similar in both groups. Conclusion: This study results suggest that although both techniques are anatomically and functionally effective for the treatment of uncomplicated PRRD, SB procedure may be associated with higher primary success and lower postoperative complication rates.

3/AB/26 (Item 7 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0013818292 BIOSIS NO.: 200200411803
Vitrectomy for rhegmatogenous retinal detachment in eyes with no detectable retinal break prior to surgery
AUTHOR: Suzuki Yukihiko (Reprint); Sakuraba Tomoki; Matsushashi Hideaki; Nakazawa Mitsuru
AUTHOR ADDRESS: Department of Ophthalmology, Hirosaki University School of Medicine, 5 Zaifucho, Hirosaki-shi, 036-8562, Japan**Japan
JOURNAL: Rinsho Ganka 56 (4): p531-534 April, 2002 2002
MEDIUM: print
ISSN: 0370-5579
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: Japanese

ABSTRACT: We reviewed the surgical outcome in 15 eyes of rhegmatogenous retinal detachment with no detectable retinal break prior to surgery. Retinal breaks could not be initially detected due to choroidal detachment 4 eyes, corneal opacity 3 eyes, small pupil 3 eyes, retinal folds 3 eyes, cataract 2 eyes, vitreal hemorrhage or opacity 2 eyes among others. All the eyes underwent phacoemulsification-aspiration or extraction of intraocular lens, vitrectomy, attempts to identify the retinal break, fluid-air exchange, coagulation of retinal break, and gas tamponade. Scleral encircling was added in 9 eyes and intraocular lens implantation in 2 eyes. Retinal reattachment was obtained in 14 eyes (93%). The other one eye needed another surgery. We advocate lens extraction, peripheral vitrectomy and identification of retinal break in the treatment of retinal detachment with no detectable retinal break prior to surgery.

3/AB/27 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0012645137 BIOSIS NO.: 200000363450

Internal limiting membrane incision and vitreous pneumopexy for preretinal with submacular hemorrhage

AUTHOR: Kezuka Jun (Reprint); Nakata Yasuhiko; Iwasaki Takuya; Usui Masahiko

AUTHOR ADDRESS: Department of Ophthalmology, Tokyo Medical University, 6-7-1 Nishishinjuku Shinjuku-ku, Tokyo, 160-0023, Japan**Japan

JOURNAL: Rinsho Ganka 54 (5): p951-955 May, 2000 2000

MEDIUM: print

ISSN: 0370-5579

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: Japanese

ABSTRACT: We treated 3 eyes of premacular and preretinal hemorrhage secondary to retinal arterial macroaneurysm. All the eyes underwent incision of internal limiting membrane (ILM) and intraocular gas tamponade by sulfur hexafluoride. One eye was treated by vitrectomy, artificial posterior vitreous detachment, injection of plasminogen activator and gas tamponade. This procedure was followed by increased preretinal hemorrhage necessitating eventual incision of ILM by YAG laser. In another eye, vitreous surgery was performed with ILM incision followed by gas tamponade. Both eyes responded by quick absorption of hemorrhage and vitreous opacity. The third eye responded by persistent vitreous opacity following ILM incision with YAG laser and gas tamponade. These cases illustrate that early ILM incision with gas tamponade is effective to treat coexisting premacular and preretinal hemorrhage. Additional vitrectomy may be effective in avoiding persistent vitreous hemorrhage.

3/AB/28 (Item 9 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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0010845546 BIOSIS NO.: 199799479606

Wartime eye injuries of the posterior eye segment

AUTHOR: Katusic Damir (Reprint); Sikic Jakov; Katusic Smiljana Stajner; Khalid Usama Abu

AUTHOR ADDRESS: Dep. Ophthalmology, Med. Sch., Univ. Zagreb, Kispaticeva 12, Zagreb, Croatia**Croatia

JOURNAL: Saudi Medical Journal 17 (6): p762-765 1996 1996

ISSN: 0379-5284

DOCUMENT TYPE: Article

RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: Objectives: Posterior segment of the eye is often affected in wartime ocular injuries. Pathologic changes that appear are as follows: hemorrhage in corpus vitreous, retinal or subretinal hemorrhage, retinal detachment or intraocular foreign body. Methods: In this study, 97 patients were operated on because of wartime injuries of posterior segment of the eye. Scleral buckling and pars plana vitrectomy were carried out. Foreign bodies were removed with intravitreal forceps. If detached retina remained following removal of corpus vitreous and foreign bodies, internal tamponade with silicone oil was administered. All patients had minimum follow-up of one year after eye surgery. Results: In 85 patients following posterior segment eye surgery, retina was well visualized and attached in all quadrants. In 12 patients postoperative complications appeared as retinal detachment and hemorrhage in vitreal space. There was one case of postoperative

endophthalmitis. Conclusions: It has been concluded that wartime injuries are the most severe conditions in ophthalmology. Primary treatment of the injury should be carried out as soon as possible and vitreoretinal surgery should be performed within 14 days in institutions adequately equipped for complicated surgical procedures.

3/AB/29 (Item 10 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0008228490 BIOSIS NO.: 199293071381
THE FELLOW EYE IN RETINAL DETACHMENT CAUSED BY MACULAR HOLE SELECTION OF
THE OPERATING METHOD
AUTHOR: IWAHASHI H (Reprint); DANJO S; EMI K; SATO M; TSUBOI S
AUTHOR ADDRESS: DEP OPHTHALMOL, SUMITOMO HOSPITAL, 5-2-2 NAKANOSHIMA,
KITA-KU, OSAKA 530, JPN**JAPAN
JOURNAL: Folia Ophthalmologica Japonica 42 (5 PART 2): p1154-1158 1991
ISSN: 0015-5667
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: JAPANESE

ABSTRACT: Though it is very important to consider the visual function of the fellow eye when selecting the surgical treatment for retinal detachment caused by macular hole, no report has been made on examining the fellow eye. A study was therefore conducted as to the refraction and visual acuity of the fellow eye and the surgical approach to retinal detachment. Retinal detachment due to macular hole usually results in a serious decline of vision, and the fellow eye becomes the superior eye. If, however, the visual function of the fellow eye is not good enough, the eye with retinal detachment sometimes has to be the superior. There were 6 such cases among 62 surveyed; in 2 of them in which the macular plombe was applied, strong metamorphopsia was found. In one of them, the macular plombe had to be removed. When the operated eye is the superior, the surgery of first choice should be gas tamponade or vitrectomy. Special care should be taken to raise the entire macula equally in scleral buckling. Also in first surgery for macular hole, coagulation must never be done.

3/AB/30 (Item 11 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
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0003641184 BIOSIS NO.: 198274057607
A MODIFIED GAS BUBBLE TECHNIQUE FOR TREATING AN OVERHANGING FLAP OF A GIANT
TEAR
AUTHOR: LINCOFF H (Reprint); KREISSIG I
AUTHOR ADDRESS: DEP OF OPHTHALMOL, NEW YORK HOSP, CORNELL MED CENTER, 525 E
68TH ST, NEW YORK, NY 10021, USA**USA
JOURNAL: Klinische Monatsblaetter fuer Augenheilkunde 180 (1): p29-34 1982
ISSN: 0023-2165
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: GERMAN

ABSTRACT: An overhanging flap of a giant tear was successfully unfolded with a small gas bubble, after attempts with a large bubble failed. Biomicroscopy in a primary [human] case the posterior hyaloid membrane is

not attached to the posterior flap of a giant tear. The small intraocular gas bubble has the shape of a planoconvex lens; this is not so with a larger bubble. Due to its tapered edge, the small bubble can slide under the overhanging flap and reattach it. The small gas bubble, is too small to tamponade the entire tear. A 2nd intraocular injection is required to enlarge the bubble. This gas bubble technique can be reduced from a 2 step procedure to a single gas injection by using one of the new perfluoro-carbon gases, which have a much greater expansion potential.

3/AB/31 (Item 1 from file: 34)
DIALOG(R) File 34:SciSearch(R) Cited Ref Sci
(c) 2006 The Thomson Corp. All rts. reserv.

15192931 Genuine Article#: 047SP Number of References: 22
Title: Can the sequential use of conventional silicone oil and heavy oil be a strategy for the management of proliferative vitreoretinopathy? (ABSTRACT AVAILABLE)
Author(s): Wong D (REPRINT) ; Cazabon S; Ali H; Kumar I; Valldeperas X; Groenewald C; Pearce I
Corporate Source: Royal Liverpool Hosp, St Pauls Eye Unit, Prescott St/Liverpool L7 8XP/Merseyside/England/ (REPRINT); Royal Liverpool Hosp, St Pauls Eye Unit, Liverpool L7 8XP/Merseyside/England/(shdwong@liv.ac.uk)
Journal: ANNALS ACADEMY OF MEDICINE SINGAPORE, 2006, V35, N3 (MAR), P 181-184
ISSN: 0304-4602 Publication date: 20060300
Publisher: ACAD MEDICINE SINGAPORE, 142 NEIL RD, REPUBLIC SINGAPORE 088871, SINGAPORE

Language: English Document Type: ARTICLE

Abstract: Introduction: Densiron is a novel long-term tamponade. Its specific gravity is 1.06 g/mL and as such it is heavier than water and provides support for the inferior retina. As proliferative vitreoretinopathy (PVR) has a propensity for the inferior retina, we used Densiron on a consecutive series of 97 cases with inferior pathology. We hypothesised that the sequential use of conventional and heavy silicone oil is a strategy for the management of PVR. Materials and Methods: A consecutive interventional case series involving the use of Densiron for PVR cases was studied. Patients were selected if conventional silicone oil and Densiron were used sequentially. Anatomical success was defined as total re-attachment in the absence of any tamponade agent for at least 3 months post oil removal. Results: Of the 97 patients, 10 patients fulfilled the criteria. Surgery involving Densiron was successful in re-attaching the retina in 7 of 10 cases, with one sequence of alternating light then heavy oil operation, and with one further surgery using silicone oil in the remaining 3 cases. The mean LogMAR preoperative vision was 1.57 and the postoperative vision was 0.82. In 8 of 10 patients, the final vision was 20/200 or better; in 5 of 10 patients, 20/80 or better. The mean follow-up was 19.5 months (range, 9 to 45). Conclusions: The sequential use of conventional silicone oil and Densiron may be a strategy in reducing the number of re-operations. Our case series shows that despite multiple surgical procedures, favourable visual outcome can be achieved.

3/AB/32 (Item 2 from file: 34)
DIALOG(R) File 34:SciSearch(R) Cited Ref Sci
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14412426 Genuine Article#: 965VB Number of References: 36

Title: Histopathology and ultrastructure of rabbit retina after intravitreal injection of perfluorohexyloctane (F6H8) (ABSTRACT AVAILABLE)

Author(s): Martinez-Reina J; Ruiz-Moreno JM (REPRINT) ; Montero JA; Rueda J
Corporate Source: Univ Miguel Hernandez, Div Oftalmol, Sch Med, Campus San Juan/Alicante 03550//Spain/ (REPRINT); Univ Miguel Hernandez, Div Oftalmol, Sch Med, Alicante 03550//Spain/; VISSUM, Vitreo Retinal Unit, Alicante//Spain/(jm.ruiz@umh.es)

Journal: CURRENT EYE RESEARCH, 2005, V30, N9 (SEP), P773-779

ISSN: 0271-3683 Publication date: 20050900

Publisher: TAYLOR & FRANCIS INC, 325 CHESTNUT ST, SUITE 800, PHILADELPHIA, PA 19106 USA

Language: English Document Type: ARTICLE

Abstract: Purpose: To describe changes in rabbit retina after intravitreal injection of perfluorohexyloctane (F6H8). Methods: Intravitreal injections of C3F8 were performed in the right eye of 48 male New Zealand albino rabbits. All 48 eyes were injected with C3F8. The animals were divided in three groups of 18 each. 18 eyes (6 in each group) were used as controls and 30 (10 in each group) were further injected with F6H8. Animals were sacrificed at days 15, 30, and 60 and the eyes processed for light and electron microscopy and immunohistochemistry. Results: Vitreous tracts were observed behind the lens in all groups. Epiretinal and retrolental membranes developed in most of the treated eyes. Light microscopy showed retinal vacuolization in all eyes. No significant ultrastructural changes appeared in any of them. Macrophages were observed in the inner limiting membrane. Conclusions: Ultrastructural findings can be considered signs of good tolerance to F6H8, though the appearance of epiretinal membranes associated with the presence of macrophagic response suggests we should refrain from using F6H8 until results from clinical trials are available.

3/AB/33 (Item 3 from file: 34)

DIALOG(R) File 34:SciSearch(R) Cited Ref Sci

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14348980 Genuine Article#: 965UD Number of References: 15

Title: An experimental study on the effect of encircling band procedure on silicone oil emulsification (ABSTRACT AVAILABLE)

Author(s): de Silva DJ; Lim KS; Schulenburg WE (REPRINT)

Corporate Source: Western Eye Hosp, Marylebone Rd/London NW1 5YE//England/ (REPRINT); Western Eye Hosp, London NW1 5YE//England/; Inst Ophthalmol, Ocular Repair & Regenerat Biol Unit, London//England/; Inst Ophthalmol, Dept Pathol, London//England/(drdjdesilva@yahoo.co.uk)

Journal: BRITISH JOURNAL OF OPHTHALMOLOGY, 2005, V89, N10 (OCT), P1348-1350

ISSN: 0007-1161 Publication date: 20051000

Publisher: B M J PUBLISHING GROUP, BRITISH MED ASSOC HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR, ENGLAND

Language: English Document Type: ARTICLE

Abstract: Aim: Silicone oil is a useful tamponading material used in complex vitreoretinal surgery. However, the use of silicone oil is associated with emulsification which can lead to vision threatening complications. The authors developed an experimental model to study the effect of encircling band on silicone oil emulsification.

Methods: Two identical artificial eye chambers were constructed with circumferential indentations placed at the sphere's equator (mimicking an encircling band indentation), and filled with varying

amounts of Silicone Oil 1000 centistokes (Adato, Bausch and Lomb, UK) and balanced salt solution. The chambers were then placed on a horizontal rotating shaker, mimicking physiological saccadic eye movements, which spun the chambers at 100 Hz for 5 days at 37 C. Emulsification was then quantified by dark field microscopy, digital photography, and manual counting by a masked observer.

Results: The mean (standard deviation (SD)) values of silicone emulsification bubbles were as follows: in the 90% silicone oil filled chamber with no encircling band, 139.1 (SD 313.4); in the 90% silicone oil filled chamber with encircling band, 10.9 (SD 22.2) ($p < 0.0001$); in the 75% silicone oil filled chamber with no encircling band, 103.6 (SD 272.6); in the 75% silicone oil filled chamber with encircling band, 18.5 (SD 32), ($p = 0.001$).

Conclusions: The emulsification of silicone oil results from friction between the silicone oil and aqueous liquids. The results from this study suggest silicone oil emulsification is reduced by (1) more complete silicone oil fill and (2) indentation from an encircling band. The authors hypothesise that both these measures resulted in reduced emulsification by reducing silicone oil/aqueous movement and resulting shearing forces.

3/AB/34 (Item 4 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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14052883 Genuine Article#: 934XP Number of References: 23

Title: Long-term vitreous replacement with perfluorohexyloctane and silicone oil: Preliminary reports of a multicentric study (ABSTRACT AVAILABLE)

Author(s): Rizzo S (REPRINT) ; Genovesi-Ebert F; Belting C; Foltran F; Gandolfo E; Lesnoni G; Dell'Omo E; Zenoni S; Azzolini M; De Molfetta V.
Corporate Source: Via Diaz 86/IT-55100 Lucca//Italy/ (REPRINT); Osped Santa Chiara,Pisa//Italy//; Osped Conegliano,Veneto//Italy//; Spedali Civil Brescia,I-25125 Brescia//Italy//; Casa Cura Citta Pomezia,Rome//Italy//; Osped Vietri,Larino Campobasso//Italy//; Osped Riuniti Bergamo,I-24100 Bergamo//Italy//; Osped San Gerardo,Monza//Italy/(chiroftalmica@ao-pisa.toscana.it)

Journal: OPHTHALMOLOGICA, 2005, V219, N3, P147-153

ISSN: 0030-3755 Publication date: 20050000

Publisher: KARGER, ALLSCHWILERSTRASSE 10, CH-4009 BASEL, SWITZERLAND

Language: English Document Type: ARTICLE

Abstract: Aim: To report on the use of a combined intra-ocular tamponade with silicone oil and perfluorohexyloctane (F,H,) in the treatment of complex retinal detachment. Design: A prospective consecutive interventional case series from seven study centres. Participants: 69 patients presenting a retinal detachment with proliferative vitreoretinopathy (PVR) and retinal breaks of the inferior two quadrants of the funds. Method. Patients were divided into two groups: (1) 28 eyes which had not been operated on before; (2) 41 eyes affected by recurrent retinal detachment that had had unsuccessful previous surgery with silicone oil or gas tamponade. A pars plana vitrectomy, membrane peeling and - when necessary - a retinotomy were performed; the vitreous cavity was filled with two thirds of F6H8 and one third of silicone oil 1,000 mPas (double filling, DF). The endotamponade was removed after 30-45 days (median 38) and replaced by balanced salt solution or silicone oil according to the condition of the retina. Results: Retinal reattachment was achieved in 52 out of 69 cases (75%)

6 months after removal of the DF without any endotamponade. Conclusion: The DF with F6H8 and silicone oil allows a good endotamponading to the inferior retina and the posterior pole. The DF appeared to be well tolerated. Further studies are necessary to evaluate whether a DF is advantageous in respect to silicone oil filling alone in case of retinal breaks and PVR of the inferior retina. Copyright (C) 2005 S. Karger AG, Basel.

3/AB/35 (Item 5 from file: 34)
DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
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09602225 Genuine Article#: 425JU Number of References: 19
Title: Elastic stability of silicone ferrofluid internal tamponade (SFIT) in retinal detachment surgery (ABSTRACT AVAILABLE)
Author(s): Voltairas PA (REPRINT) ; Fotiadis DI; Massalas CV
Corporate Source: Univ Ioannina,Dept Comp Sci,GR-45110 Ioannina//Greece/(REPRINT); Univ Ioannina,Dept Comp Sci,GR-45110 Ioannina//Greece/; Univ Ioannina,Dept Math,GR-45110 Ioannina//Greece/
Journal: JOURNAL OF MAGNETISM AND MAGNETIC MATERIALS, 2001, V225, N1-2 (APR), P248-255
ISSN: 0304-8853 Publication date: 20010400
Publisher: ELSEVIER SCIENCE BV, PO BOX 211, 1000 AE AMSTERDAM, NETHERLANDS
Language: English Document Type: ARTICLE
Abstract: It has been argued that silicone ferrofluid internal tamponade (SFIT) can provide (360 degrees) tamponade of the retina in retinal detachment surgery. Provided that the produced SFIT is biocompatible, exact knowledge is needed of its elastic stability in the magnetic field produced by the semi-solid magnetic silicon band (MSB) used as a scleral buckle. We propose a quantitative, phenomenological model to estimate the critical magnetic field produced by the MSB that 'closes' retinal tears and results in the reattachment of the retina. The magnetic 'deformation' of SFIT is modeled in accordance with the deformation of a ferrofluid droplet in an external magnetic field. (C) 2001 Elsevier Science B.V. All rights reserved.

3/AB/36 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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12461409 EMBASE No: 2004057128
Outcome of silicone oil surgery in children with proliferative vitreoretinopathy
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Spektrum der Augenheilkunde (SPEKTRUM AUGENHEILKD.) (Austria) 2003, 17/6 (260-262)
CODEN: SPAUE ISSN: 0930-4282
DOCUMENT TYPE: Journal ; Article
LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH; GERMAN
NUMBER OF REFERENCES: 1

Purpose: To present the surgical and functional results of a consecutive series of 33 patients - aged between 2 and 16 years - with complex retinal detachments and PVR treated with vitrectomy and silicone oil tamponade. Patients and methods: 33 children (29 boys and 4 girls) with a mean age of

12 years (2-16 years) underwent complex retinal detachment surgery including p. p. vitrectomy and silicone oil tamponade in 35 eyes because of severe trauma in 16 eyes (48.4%), giant retinal tears in 7 (21%), high myopia in 7 (21%), uveitis in 3 (9.9%) eyes, proliferative diabetic retinopathy in one and retrolental fibroplasia in one patient. A mean of 2.6 retinal surgical procedures were performed in each patient. The minimum follow-up was 6 months. Results: Total retinal reattachment was achieved in 21 eyes (60%). 6 eyes (17%) showed some residual retinal detachment, either anterior from the buckle or demarcated with laser scars, but with attached central retinas. 8 eyes (23%) were detached due to massive re-proliferation. In the group with secondary repair of severe trauma, 13 out of 16 eyes (81%) were able to be cured, 3 (19%) remained uncured. Conclusions: Although the investment of time and effort in each single case is much higher in an infant than in an adult, one can obtain useful results in these eyes. Without a doubt, this complex surgery is always indicated in children with bilateral disease. In severe trauma of one eye, where the usefulness of surgery is sometimes questioned, more than 80% can be cured and gain vision. With better anatomic results, efforts to gain better visual rehabilitation and binocularity must be maximised.

3/AB/37 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
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11063797 EMBASE No: 2001080701

A case of combined vitrectomy and cataract surgery for traumatic hypotony maculopathy

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Folia Ophthalmologica Japonica (FOLIA OPHTHALMOL. JPN.) (Japan) 2000
, 51/11 (1053-1057)

CODEN: NGKYA ISSN: 0015-5667

DOCUMENT TYPE: Journal ; Article

LANGUAGE: JAPANESE SUMMARY LANGUAGE: ENGLISH; JAPANESE

NUMBER OF REFERENCES: 13

Patient: A 29-year-old female with hypotony maculopathy and traumatic cyclodialysis treated by combined vitrectomy and cataract surgery with cryopexy and gas tamponade. History: Hypotony maculopathy of the right eye was caused by cyclodialysis that extended from the 9 o'clock to the 3 o'clock meridian. Intraocular pressure remained at about 5 mmHg after blunt trauma. About 2 months later, we performed combined vitrectomy and cataract surgery with cryopexy for the detached ciliary body and tamponade with a sulfur hexafluoride (SFSUB6) air mixture. Results: The cyclodialytic cleft closed except at the 2 o'clock position and fundus findings improved. Five months after surgery, the right eye had intraocular pressure of 14 mmHg and corrected visual acuity of 20/20. Conclusion: Cryopexy followed by gas tamponade is useful in treating hypotony maculopathy caused by traumatic cyclodialysis.

3/AB/38 (Item 3 from file: 73)
DIALOG(R)File 73:EMBASE
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07811398 EMBASE No: 1999300961

Surgical outcomes of pars plana vitrectomy using perfluorocarbon liquids

for the management of retinal detachments with giant retinal tears
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School of Med, 2-2 Yamadaoka, Suita 565-0871 Japan
Folia Ophthalmologica Japonica (FOLIA OPHTHALMOL. JPN.) (Japan) 1999,
50/6 (459-464)
CODEN: NGKYA ISSN: 0015-5667
DOCUMENT TYPE: Journal; Article
LANGUAGE: JAPANESE SUMMARY LANGUAGE: ENGLISH; JAPANESE
NUMBER OF REFERENCES: 22

To determine the efficacy and complications of using perfluorocarbon liquids (PFCL) in the management of giant retinal tears, the results of pars plana vitrectomy with PFCL in 14 eyes of 14 patients were retrospectively reviewed. In each eye, PFCL had been used to flatten the rolled-up retina, followed by endolaser photocoagulation through the PFCL. An encircling scleral buckle was placed in 7 (50%) of the eyes (those in which the giant retinal tear was not located superiorly or temporally). Silicone oil was used in 1 (7%) of the 14 eyes, and long-acting gas tamponade was used in the other 13 (93%). The mean follow-up period was 16.0 +/- 10.7 months (range, 6 to 45 months). Retinal reattachment was achieved in all eyes (100%) after the initial operation and visual acuity improved in all patients. Surgical complications included subretinal spread of PFCL in 1 eye (7%) and slippage of the retina after PFCL-air exchange in 2 eyes (14%), but no severe complications such as recurrence of retinal detachment or proliferative vitreoretinopathy were noted during the follow-up period. Although PFCL is useful for the management of giant retinal tears, complications can occur during PFCL-air exchange because of increasing intraocular air turbulence and incomplete aspiration of subretinal fluid through the giant retinal tear. These complications during PFCL-air exchange might be avoided by careful manipulations during closed-eye surgery and use of a panoramic viewing system.

3/AB/39 (Item 4 from file: 73)
DIALOG(R)File 73:EMBASE
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06455047 EMBASE No: 1996118002

A case of binocular total detachment of Descemet's membrane following small-incision cataract surgery
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Dept of Ophthalmol, Ikeda Municipal Hosp, 3 5 1 Johnan, Ikeda 563 Japan
Folia Ophthalmologica Japonica (FOLIA OPHTHALMOL. JPN.) (Japan) 1996,
47/3 (317-321)
CODEN: NGKYA ISSN: 0015-5667
DOCUMENT TYPE: Journal; Article
LANGUAGE: JAPANESE SUMMARY LANGUAGE: ENGLISH; JAPANESE

We report a case of binocular total detachment of Descemet's membrane following small-incision cataract surgery in an 80-year-old male. Phacoemulsification in the left eye was uneventful, but when the lens cortex was aspirated, total detachment of Descemet's membrane occurred spontaneously. We twice injected air into the anterior chamber to promote reattachment, but the cornea remained edematous. One month after the surgery we injected pure sulfur hexafluoride (SF₆) gas into the anterior chamber, which was successful in reattaching Descemet's membrane. When the same complication occurred with cataract surgery in this patient's right eye, we injected pure SF₆ gas into the anterior chamber just after insertion of an intraocular lens. On the first day after

surgery in the right eye, Descemet's membrane was attached and the cornea was not edematous. The results in this case indicate that SFinf 6 gas tamponade is an effective treatment for severe detachment of Descemet's membrane. The patient we report might have been susceptible to detachment of Descemet's membrane with small-incision surgery because of weak attachment of the membrane to the stroma.

3/AB/40 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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05762720 EMBASE No: 1994169568
Analysis of tamponade material in initial vitrectomy for proliferative diabetic retinopathy
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Folia Ophthalmologica Japonica (FOLIA OPHTHALMOL. JPN.) (Japan) 1994,
45/4 (375-379)
CODEN: NGKYA ISSN: 0015-5667
DOCUMENT TYPE: Journal; Article
LANGUAGE: JAPANESE SUMMARY LANGUAGE: JAPANESE; ENGLISH

Out of 125 eyes of 101 patients who underwent initial closed vitrectomy for proliferative diabetic retinopathy, a tamponade material was used in 80 eyes. The results were evaluated. The initial retinal reattachment rates according to the type of tamponade material were: air: 85.7%; air + 100% SFinf 6 (0.5 to 0.7 ml): 40.0%; and 25% SFinf 6: 25.0%. The final reattachment rate was 98.7% in 79 eyes; silicone oil was used for the remaining eye, which failed reattachment during surgery. The postoperative complications noted in the eyes treated with air tamponade included slight increase of cataract in 7 eyes, prolonged ocular hypertension in 5 eyes, and recurrent vitreous hemorrhage in 2 eyes. Vitreous lavage was required in treating recurrent vitreous hemorrhage. These results (including extent of postoperative complications) indicate that in initial closed vitrectomy for proliferative diabetic retinopathy, adequate retinal reattachment is possible with an air tamponade, without the use of various gases, if vitreous traction is sufficiently released and the proliferative membrane is completely removed.

3/AB/41 (Item 1 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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05968077 JICST ACCESSION NUMBER: 04A0843036 FILE SEGMENT: JICST-E
Diagnostic implication of optic disc in neuro-ophthalmology
WAKAKURA MASATO (1)
(1) Inoegankabyoin
Ganka(Ophthalmology), 2004, VOL.46,NO.11, PAGE.1635-1643, FIG.9, TBL.3,
REF.11
JOURNAL NUMBER: Z0277AAR ISSN NO: 0016-4488
UNIVERSAL DECIMAL CLASSIFICATION: 617.71/.78
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal
ARTICLE TYPE: Commentary
MEDIA TYPE: Printed Publication
ABSTRACT: Optic disc is a position where the axons of retinal ganglion cells gather. In this paper, the theme in the title is explained by

dividing into the following 6 syndromes; 1) optic disc dysplasty, 2) optic nerve hypoplasty and giant disc, 3) disc inclination, 4) disc swelling, 5) disc flare (initial stage image of label hereditary optic nerve disease), and 6) optic nerve atrophy. The contents of description are the cause, symptoms, findings, test method, diagnosis, the diseases to be differentiated, therapy, and explanation to the patient. 1) is a generic name for congenital anomaly of optic disc. Amblyopia/strabismus treatment is performed for the crisis in one eye in the childhood. Vitreous surgery and gas tamponade are effective, when there is retinal detachment. 2) and 3) are not progressive, and there is no necessity for treatment. For 4), pharmacotherapy according to the cause is performed. 5) is generated with 4) in many cases, but label hereditary optic nerve disease is not related to 4). Though pharmacotherapy is tried, there is no reliable therapy. For the diagnosis, it is important to search for mitochondrial DNA mutation. 6) is a clinical picture of the last stage of optic nerve disease and the diseases which impairs retinal ganglion cells, and there is a failure in visual acuity and visual field. It is important to confirm the cause and carry out the treatment in accordance with the cause.

3/AB/42 (Item 2 from file: 94)
 DIALOG(R) File 94:JICST-EPlus
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05859282 JICST ACCESSION NUMBER: 04A0593780 FILE SEGMENT: JICST-E
 Ultrasound Biomicroscopy in a Case of Cyclodialysis Following Perforating Injury

ATAKA SHINSUKE (1); KURITA KAORI (1); WADA SONOMI (1); TAKAHASHI YASUHIRO (1); KONO TAKEYA (2); ABE KOJI (2); OSUGI HIDEHARU (2); SHIRAKI KUNIIHIKO (2)

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Ganka Shujutsu(Japanese Journal of the Ophthalmic Surgery), 2004, VOL.17,NO.3, PAGE.443-446, FIG.4, REF.15

JOURNAL NUMBER: X0959AAC ISSN NO: 0914-6806

UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Short Communication

MEDIA TYPE: Printed Publication

ABSTRACT: Background: We report a case of hypotony maculopathy after surgery for perforating injury. Case: A 24-year-old man presented to our hospital with perforating injury to his left eye. After initial surgery, the corneal wound was closed and retinal detachment was successfully repaired. The intraocular pressure was below 4 mmHg. Examination of the angle was difficult due to a shallow anterior chamber and corneal opacification. Ultrasound biomicroscopy (UBM) showed total choroidal detachment and 45 degrees of cyclodialysis. Repeated surgery was performed consisting of scleral fixation of a posterior chamber intraocular lens, suturing of the dialyzed ciliary body to the sclera, and pars plana vitrectomy with sulfur hexafluoride (SF6) gas tamponade. The haptic of the intraocular lens was found to be pressing against the detached ciliary body. Eight days after the second surgery, the intraocular pressure was 6 mmHg, but examination by UBM revealed no improvement in anterior segment findings. Eighteen days after the second surgery, the intraocular pressure had normalized and the visual acuity improved without further treatment. Conclusion: UBM enabled us to evaluate the

region of the ciliary body before surgery. UBM also assisted us in determining the range and area of scleral fixation of the posterior chamber intraocular lens and suturing of dialyzed ciliary body to the sclera. We believe that the evaluation of cyclodialysis using UBM enables an objective assessment of the efficacy of such surgical procedure. (author abst.)

3/AB/43 (Item 3 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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05792405 JICST ACCESSION NUMBER: 04A0416227 FILE SEGMENT: JICST-E
Retinectomy for Acute Retinal Necrosis
TANO RYOTARO (1); KODAKA RYUHEI (1); KAWAMURA HIROHISA (1); TAKENAKA
HISASHI (1); SAKURAI TOSHIYA (1); MAENO TAKATOSHI (1); MANO TOMIYA (1)
; UCHIHORI YASUTAKA (2)
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Ganka Shujutsu(Japanese Journal of the Ophthalmic Surgery), 2004,
VOL.17,NO.2, PAGE.257-260, FIG.6, REF.13
JOURNAL NUMBER: X0959AAC ISSN NO: 0914-6806
UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal
ARTICLE TYPE: Original paper
MEDIA TYPE: Printed Publication
ABSTRACT: Purpose: To present a case with acute retinal necrosis and
retinal detachment with multiple breaks in the necrotic retina, which
was successfully treated by vitrectomy combined with retinectomy. Case
Report: The patient is a 38-year-old man who had previously been
diagnosed with acute retinal necrosis. Intravenous infusion of
acyclovir and prednisolone was successful in transiently alleviating
the inflammation, however, the vitreous opacity became exacerbated, and
multiple breaks were observed in the peripheral region of the necrotic
retina. Since retinal detachment was confirmed, the patient was
referred to Tane Memorial Eye Hospital to undergo surgery.
After pars plana lensectomy, vitrectomy was performed to detach the
posterior vitreous. Since the peripheral necrotic retina exhibited
severe vitreoretinal adhesion, a 330-degree retinotomy was performed on
the side of the necrotic area towards the posterior pole, and the
retina peripheral to this region was resected to the ora serrata. The
retina was flattened by perfluorocarbon liquid followed by endo-laser
photocoagulation and silicone oil tamponade. Results: At one
month after surgery, the silicone oil was removed, and while the
intraocular pressure decreased, it had normalized by six months post
surgery, and retinal reattachment was achieved. Conclusion: The results
obtained from the present patient suggest that resection of necrotic
retina with severe vitreoretinal adhesion, which is susceptible to
multiple breaks, may help prevent retinal redetachment or proliferative
changes. (author abst.)

3/AB/44 (Item 4 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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05693673 JICST ACCESSION NUMBER: 04A0064786 FILE SEGMENT: JICST-E
Postoperative Refractive Error after Simultaneous Vitrectomy and Cataract
Surgery
TACHIWAKI YUKO (1); HIROTSUJI NORIHIKO (1); KAWAHARA AYA (1); KODAMA YUKI

(1); FUKUMOTO MASANORI (1); KATSUMURA KOZO (1); UEKI MARI (1); IKEDA TSUNEHICO (1)

(1) Osaka Medical Coll., JPN

IOL RS, 2003, VOL.17,NO.3, PAGE.284-287, FIG.3, TBL.1, REF.5

JOURNAL NUMBER: L0337ABX ISSN NO: 1341-3678

UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: Purpose: We examined the propriety of the conventional SRK/T formula in simultaneous vitrectomy and in cataract surgery, and in cataract surgery to the vitrectomized eye. Methods: We divided the patients into three groups: simultaneous vitrectomy plus cataract surgery (combined group), cataract surgery to the vitrectomized eye (avitreous group), and simple cataract surgery (cataract group). We measured refractive error at one or two weeks, one month and three months after surgery, and compared it with the predicted error. We divided the combined group into gas tamponaded eyes and non-tamponaded eyes. Results: There was statistically significant difference between the combined group and the cataract group, and between gas tamponaded eyes and non-tamponaded eyes at one or two weeks and one month after surgery. But these differences were not significant at three months. Conclusion: Intraocular lens power can be decided using the same SRK/T formula used for simple cataract surgery, when performing simultaneous vitrectomy and cataract surgery, and cataract surgery to the vitrectomized eye. (author abst.)

3/AB/45 (Item 5 from file: 94)

DIALOG(R)File 94:JICST-EPlus

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05297817 JICST ACCESSION NUMBER: 02A0814537 FILE SEGMENT: JICST-E

Outcome of simultaneous cataract and vitreous surgery for rhegmatogenous retinal detachment after failed scleral buckling surgery.

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Ganka Rinsho Iho(Japanese Review of Clinical Ophthalmology), 2002,

VOL.96,NO.10, PAGE.1056-1060, FIG.1, TBL.4, REF.9

JOURNAL NUMBER: Z0646AAH ISSN NO: 0386-9601

UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: We reviewed the outcome of simultaneous cataract and vitreous surgery (simultaneous surgery) for 11 eyes of rhegmatogenous retinal detachment which had not be treated successfully in the previous scleral buckling surgery during the past 5 years. The first surgical procedure comprised: cryoretinopexy, drainage of subretinal fluid and scleral buckling. Simultaneous surgeries were needed in 6 eyes which retinas had not been reattached, 4 eyes retinal detachments recurred after temporary retinal reattachment, and 1 eye macular folding and abducens insufficiency occurred in spite of its retinal reattachment after the former surgery. The simultaneous surgical procedure comprised: extraction of scleral buckle, phacoemulsification-aspiration, vitrectomy, fluid-air exchange, coagulation of the tears, gas

tamponade in all case, encircling in 8 eyes and intraocular lens insertion in 8 eyes. Peripheral vitreous was cut enough to reduce its traction toward retinal tears. As a result retinal reattachment was obtained in 10 eyes (91%) after simultaneous surgeries. Final retinal attachment was obtained in 1 eyes (9%) which recurred retinal detachment after one repeated vitrectomy. Other complications were observed in some cases; secondary glaucoma in 2 eyes (18%), after cataract in 1 eye (9%) and macular pucker in 1 eye (9%). This simultaneous surgery, which release the vitreous traction toward the peripheral retina directly, promises to be of value as the secondary surgery for retinal detachment after scleral buckling surgery. (author abst.)

3/AB/46 (Item 6 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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05196938 JICST ACCESSION NUMBER: 02A0451638 FILE SEGMENT: JICST-E
Congress of Clinical Ophthalmology, October 2001. Vitrectomy for
rhegmatogenous retinal detachment in eyes with no detectable retinal
break prior to surgery.
SUZUKI YUKIHIKO (1); MATSUHASHI HIDEAKI (1); NAKAZAWA MITSURU (1); SAKURABA
TOMOMI (2)
(1) Hirosakidai I Ganka; (2) Aomorikenchuobyoin Ganka
Rinsho Ganka(Japanese Journal of Clinical Ophthalmology), 2002, VOL.56,NO.4
, PAGE.531-534, TBL.3, REF.4
JOURNAL NUMBER: Z0515BAJ ISSN NO: 0370-5579
UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal
ARTICLE TYPE: Original paper
MEDIA TYPE: Printed Publication
ABSTRACT: We reviewed the surgical outcome in 15 eyes of rhegmatogenous
retinal detachment with no detectable retinal break prior to surgery.
Retinal breaks could not be initially detected due to choroidal
detachment 4 eyes, corneal opacity 3 eyes, small pupil 3 eyes, retinal
folds 3 eyes, cataract 2 eyes, vitreal hemorrhage or opacity 2 eyes
among others. All the eyes underwent phacoemulsification-aspiration or
extraction of intraocular lens, vitrectomy, attempts to identify the
retinal break, fluid-air exchange, coagulation of retinal break, and
gas tamponade. Scleral encircling was added in 9 eyes and intraocular
lens implantation in 2 eyes. Retinal reattachment was obtained in 14
eyes (93%). The other one eye needed another surgery We
advocate lens extraction, peripheral vitrectomy and identification of
retinal break in the treatment of retinal detachment with no detectable
retinal break prior to surgery. (author abst.)

3/AB/47 (Item 7 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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04427543 JICST ACCESSION NUMBER: 99A0911945 FILE SEGMENT: JICST-E
Surgical procedure for rhegmatogenous retinal detachment in glaucomatous
eyes.
SATO TAMAMI (1); MIYAGAWA SHIN'ICHI (1); HIRATA AKIRA (1); NEGI AKIRA (1)
(1) Kumamoto University, Med. Sch.
Ganka(Ophthalmology), 1999, VOL.41,NO.9, PAGE.1157-1162, FIG.2, TBL.2,
REF.2

JOURNAL NUMBER: Z0277AAR ISSN NO: 0016-4488
UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal
ARTICLE TYPE: Original paper
MEDIA TYPE: Printed Publication

ABSTRACT: We examined the surgical results and procedures for rhegmatogenous retinal detachment in glaucomatous eyes. In two eyes of two patients with filtering blebs, conjunctival incision was placed posterior to the bleb, followed by pars plana vitrectomy, fluid-air exchange and gas tamponade. Encircling was combined in one case, and lensectomy with IOL implantation was combined in the other. After the operations, retina was reattached and intraocular pressure was well controlled with preserved filtering bleb. In four eyes of 4 patients expecting filtering surgery in future, conjunctival incision was performed at 8 mm posterior to the corneal limbus, succeeded by scleral buckling. One eye underwent filtering surgery 2 months later and showed well maintained filtering bleb good intraocular pressure control. These results suggest that these procedures enable to keep filtering blebs and to avoid unnecessary scarring of the limbal conjunctiva for further filtering surgery. (author abst.)

3/AB/48 (Item 8 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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04290863 JICST ACCESSION NUMBER: 99A0826392 FILE SEGMENT: JICST-E
Central Retinal Artery Occlusion after Vitrectomy for Proliferative
Diabetic Retinopathy Following Complete Obliteration of the Internal
Carotid Artery.

TAKAMURA MARIKO (1); FURUDATE NAOKI (1); KATO HIDEO (1); KASE MANABU (1);
KURODA SATOSHI (1); NUNOMURA MITSURU (1); ICHIISHI AKIRA (2)
(1) Teine Keijinkai Byoin; (2) Hakodate Chuo Byoin
Atarashii Ganka(Journal of the Eye), 1999, VOL.16,NO.8, PAGE.1149-1153,
FIG.6, REF.10

JOURNAL NUMBER: Y0754AAA ISSN NO: 0910-1810 CODEN: ATGAE
UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089 616.11/.16 616.39
LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
DOCUMENT TYPE: Journal
ARTICLE TYPE: Original paper
MEDIA TYPE: Printed Publication

ABSTRACT: In a 62-year old male with proliferative diabetic retinopathy whose right eye was treated by cataract extraction surgery and pars plana vitrectomy, the eye exhibited blindness on the following day. Postoperative fluorescein angiography revealed significantly elongated arm-retina circulation time, with the optic nerve head and retina showing no staining at more than ten minutes after injection, indicating occlusion of the right central retinal artery. Internal carotid angiography documented complete obliteration of the ipsilateral internal carotid artery in the chronic course, the ophthalmic artery being supplied via the external carotid-the superficial temporal-the angular artery system and the arteries of the face. Investigation shows that the postoperative prone posture after gas tamponade, which led to circulatory disturbance around the palpebrae and face, may have been responsible for the central retinal artery occlusion ipsilateral to underlying obliteration of the internal carotid artery. (author abst.)

3/AB/49 (Item 9 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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03847825 JICST ACCESSION NUMBER: 98A0975525 FILE SEGMENT: JICST-E
Vitreous surgery in a case of AIDS-related cytomegalovirus retinitis.
OKOSHI KISHIKO (1); YASUDA AKIHIRO (1); ORIHARA YUICHI (1); KUSANO YOSHIKI
(1); SAKUMA ATSUSHI (1); YAMAGUCHI TATSUO (1); FURUKAWA KEIICHI (1)

(1) St. Luke's Int. Hosp.

Ganka Rinsho Iho(Japanese Review of Clinical Ophthalmology), 1998,
VOL.92,NO.10, PAGE.1417-1421, FIG.6, REF.24

JOURNAL NUMBER: Z0646AAH ISSN NO: 0386-9601

UNIVERSAL DECIMAL CLASSIFICATION: 617.7-089

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Short Communication

MEDIA TYPE: Printed Publication

ABSTRACT: A vitrectomy was performed for a retinal detachment in a patient of cytomegalovirus retinitis due to acquired immunodeficiency syndrome(AIDS). A 64-year-old women with bilateral cytomegalovirus retinitis caused by AIDS had retinal detachment in the left eye during intravenous ganciclovir therapy. The right eye also showed relapse of retinitis and vision had been threatening in both eyes. A vitrectomy, fluid gas exchange and silicone oil tamponade were performed for the left eye. The ganciclovir was switched to foscarnet since the right eye relapse seemed to be related to a ganciclovir tolerance. Two months after surgery, the left eye achieved macular attachment and visual acuity improved by 4 lines and the right retinitis subsided. Thus the vitrectomy and silicone oil tamponade appeared useful to repair retinal detachment in patients with AIDS related cytomegalovirus retinitis. Although careful decision of surgery should be needed, vitrectomy and silicone oil tamponade is inevitable to prevent blindness for patients with retinal detachment caused by AIDS related cytomegalovirus retinitis. Surgeries should be conducted with more careful handling for AIDS patients than for viral hepatitis patients. (author abst.)

3/AB/50 (Item 10 from file: 94)
DIALOG(R)File 94:JICST-EPlus
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03505311 JICST ACCESSION NUMBER: 98A0000522 FILE SEGMENT: JICST-E
Two cases of vitreous hemorrhage secondary to retinal arteriolar macroaneurysm.

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(1)

(1) University of Tokushima, Sch. of Med.

Ganka Rinsho Iho(Japanese Review of Clinical Ophthalmology), 1997,
VOL.91,NO.11, PAGE.1612-1614, FIG.5, REF.12

JOURNAL NUMBER: Z0646AAH ISSN NO: 0386-9601

UNIVERSAL DECIMAL CLASSIFICATION: 617.71/.78

LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Short Communication

MEDIA TYPE: Printed Publication

ABSTRACT: Two cases of vitreous hemorrhage with retinal arteriolar macroaneurysms were treated with vitrectomy. One of them was a 45-year-old woman, visual acuity was hand-motion at the first examination. Because of increasing vitreous hemorrhage, vitrectomy was

performed during a followup of a retinal arteriolar macroaneurysm of her right eye. vitreous surgery was performed. During surgery, a 1.5 disc diameter size aneurysm was seen near the optic disc. In addition, subretinal bleeding and edema, were seen in the macula. The patient was treated with direct coagulation of the aneurysm and removal of the subretinal hematoma. The visual acuity of the right eye improved to (0.4) after vitrectomy. The other patient was a 74-year old woman. Her left visual acuity was (0.01) at the first examination. Vitreous hemorrhage from the retinal arteriolar macroaneurysm and a subsequent macular hole were seen her left eye. This patient was treated with vitrectomy. Photocoagulation of the aneurysm and gas tamponade were performed. After surgery, the visual acuity improved to (0.4). Direct coagulation of the aneurysms was effective in these cases. (author abst.)

3/AB/51 (Item 11 from file: 94)
 DIALOG(R)File 94:JICST-EPlus
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02709901 JICST ACCESSION NUMBER: 96A0335253 FILE SEGMENT: JICST-E
 A Case of Binocular Total Detachment of Descemet's Membrane Following
 Small-incision Cataract Surgery.
 TSUJIOKA MASANORI (1); OKADA MASAKI (2); MANO TOMIYA (3); (2) Ikeda City
 Hosp.; (3) Kikkokai Tanekinengankabyoin
 Nippon Ganka Kiyo(Folia Ophthalmologica Japonica), 1996, VOL.47,NO.3,
 PAGE.317-321, FIG.4, TBL.1, REF.17
 JOURNAL NUMBER: Z0319BAJ ISSN NO: 0015-5667
 UNIVERSAL DECIMAL CLASSIFICATION: 617.71/.78 617.7-089
 LANGUAGE: Japanese COUNTRY OF PUBLICATION: Japan
 DOCUMENT TYPE: Journal
 ARTICLE TYPE: Short Communication
 MEDIA TYPE: Printed Publication

ABSTRACT: We report a case of binocular total detachment of Descemet's membrane following small-incision cataract surgery in an 80-year-old male. Phacoemulsification in the left eye was uneventful, but when the lens cortex was aspirated, total detachment of Descemet's membrane occurred spontaneously. We twice injected air into the anterior chamber to promote reattachment, but the cornea remained edematous. One month after the surgery we injected pure sulfur hexafluoride (SF6) gas into the anterior chamber, which was successful in reattaching Descemet's membrane. When the same complication occurred with cataract surgery in this patient's right eye, we injected pure SF6 gas into the anterior chamber just after insertion of an intraocular lens. On the first day after surgery in the right eye, Descemet's membrane was attached and the cornea was not edematous. The results in this case indicate that SF6 gas tamponade is an effective treatment for severe detachment of Descemet's membrane. The patient we report might have been susceptible to detachment of Descemet's membrane with small-incision surgery because of weak attachment of the membrane to the stroma. (author abst.)

3/AB/52 (Item 1 from file: 144)
 DIALOG(R)File 144:Pascal
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15816364 PASCAL Number: 02-0533409
 Healon5 tamponade of corneal perforation during transplantation surgery
 RADO Gabor; BERTA Andras

2nd Department of Ophthalmology, Semmelweis University, Budapest, Hungary
; Department of Ophthalmology, University of Debrecen, Debrecen, Hungary
Journal: Journal of cataract and refractive surgery, 2002, 28 (9)
1520-1521

Language: English

In "a chaud" keratoplasty in cases of corneal perforation, the main difficulty is the trephination of the recipient cornea in a soft eye. A temporary tamponade of the perforation can be provided by filling the anterior chamber with sodium hyaluronate 2.3% (Healon (R) 5). The cornea can then be grasped with vacuum and trephinated.

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3/AB/53 (Item 1 from file: 198)
DIALOG(R) File 198:Health Devices Alerts(R)
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01000421 41152 SUBFILE: ABS
PRODUCT(s): 17-828 Inks, Tissue Marking

SOURCE: (1) Rebolleda G, Mu<0241>oz Negrete FJ, Suarez-Figueroa M; (2) Melles GR. Trypan blue staining in vitreoretinal surgery [letter and reply]. Ophthalmology 2004 Aug;111(8):1622-3.

3/AB/54 (Item 1 from file: 351)
DIALOG(R) File 351:Derwent WPI
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0006864991
WPI ACC NO: 1994-255244/
Related WPI Acc No: 1997-488824
XRAM Acc No: C1994-116715
Treating eye disorder, e.g. holding detached retina in place - by using liq. silicone-fluorosilicone copolymer oil with low viscosity, opt. contg. anti-proliferative agent
Patent Assignee: JAMES INC RICHARD (JAME-N); REFOJO M F (REFO-I); TOLENTINO F I (TOLE-I)
Inventor: REFOJO M; REFOJO M F; TOLENTINO F I
7 patents, 18 countries

Patent Family

Patent			Application			
Number	Kind	Date	Number	Kind	Date	Update
US 5336487	A	19940809	US 199327253	A	19930305	199431 B
WO 1994020117	A1	19940915	WO 1994US2383	A	19940304	199437 E
EP 639078	A1	19950222	EP 1994909857	A	19940304	199512 E
			WO 1994US2383	A	19940304	
JP 7509734	W	19951026	JP 1994520205	A	19940304	199551 E
			WO 1994US2383	A	19940304	
EP 639078	A4	19960110	EP 1993118526	A	19931117	199633 E
EP 639078	B1	20001122	EP 1994909857	A	19940304	200061 E
			WO 1994US2383	A	19940304	
DE 69426320	E	20001228	DE 69426320	A	19940304	200107 E
			EP 1994909857	A	19940304	
			WO 1994US2383	A	19940304	

Priority Applications (no., kind, date): US 199327253 A 19930305

Patent Details

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 5336487	A	EN	5	0	
WO 1994020117	A1	EN	18	0	
National Designated States,Original: JP					
Regional Designated States,Original: AT BE CH DE DK ES FR GB GR IE IT LU					
MC NL PT SE					
EP 639078	A1	EN			PCT Application WO 1994US2383 Based on OPI patent WO 1994020117
Regional Designated States,Original: DE FR GB IT					
JP 7509734	W	JA	8	0	PCT Application WO 1994US2383 Based on OPI patent WO 1994020117
EP 639078	A4	EN			
EP 639078	B1	EN			PCT Application WO 1994US2383 Based on OPI patent WO 1994020117
Regional Designated States,Original: DE FR GB IT					
DE 69426320	E	DE			Application EP 1994909857 PCT Application WO 1994US2383 Based on OPI patent EP 639078 Based on OPI patent WO 1994020117

Alerting Abstract US A

Manipulating retina, holding it in place, and displacing dislocated lens or delaminating tissue in the eye, comprises introducing into the eye a suitable amt. of a liq. silicone fluorosilicone copolymer oil (I).

USE/ADVANTAGE - (I) is used for treating eye disorders, esp. in intra-retinal surgery. (I) has s.g. just greater than that of the vitreous, and can push back and maintain in place an inferior detached retina without damaging the retina, i.e. (I) is effective tamponade for inferior detached retina. More generally, (I) is introduced into vitreous, aqueous or lens of the eye. (I) may contain a dissolved anti-proliferative agent (II) (claimed), so that (II) is delivered to vitreous cavity to prevent unwanted growth in posterior chamber of eye. (II) may be replaced by other drugs etc. After manipulation of retina, (I) can be left in the eye for sufficient time to allow healing of the retina before removal. (I) contains less F than fluorosilicone oils or perfluorocarbon liquids, and is easy to inject or remove from the eye. (I) can act simultaneously on the anterior and posterior retina. different from that of liquefied vitreous to allow easy identification.

Original Publication Data by Authority

Original Abstracts:

A method of treating an intraocular structural disorder of an eye comprising introducing into the intraocular structure under treatment a liquid silicone/fluorosilicone oil in an amount effective to treat the intraocular structural disorder.

A method of treating an intraocular structural disorder of an eye comprising introducing into the intraocular structure under treatment a liquid silicone/fluorosilicone oil in an amount effective to treat the intraocular structural disorder.

A method of treating an intraocular structural disorder of an eye comprising introducing into the intraocular structure under treatment a liquid silicone/fluorosilicone oil in an amount effective to treat the intraocular structural disorder.

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